

32692  
Customer Number

Patent  
Case No.: 59049US004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

First Named Inventor: ANDERSON, GORDON L  
Application No.: 10/595213 Confirmation No.: 4806  
Filed: 30-SEP-2004  
Title: APPLICATION TOOL FOR MULTIPLE WIDTH FILMS

---

**AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111**

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]**

I hereby certify that this correspondence is being:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

- ☒ transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.  
☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.

August 16, 2010 /Carrie Price/  
Date Signed by: Carrie Price

---

Dear Sir:

This is in response to the outstanding Office Action, dated April 15, 2010, in the above-identified application, which has a reply due date of August 16, 2010 with a one month extension of time and since August 15, 2010 is a Sunday.

Fees

- ☒ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.  
☒ Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723.  
☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.  
☒ Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

<b>Claims As Amended</b>							
(1)	(2)	(3)	(4)		(5)	(6)	(7)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee
Total Claims	20	Minus	20		0	x \$52.00	\$0.00
Independent Claims	4	Minus	3		1	x \$220.00	\$220.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$390.00	
<b>Total Additional Fee For This Amendment</b>							<b>\$220.00</b>
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.							
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.							